## DATE OF REPORT AFFIRMATIVE EMPLOYMENT PROGRAM REQUIREMENTS CONTROL SYMBOL ATPL-93 **REPORT ON SPECIAL EMPHASIS PROGRAM** (TRADOC Suppl 1 to AR 690-12) PREPARER OF REPORT: TELEPHONE NUMBER: FOR QUARTER ENDING NAME OF INSTALLATION: LENGTH OF TIME IN POSITION PART TIME CD PROGRAM MANAGERS' NAMES **FULL TIME** AEPM: FWPM: HEPM: BEPM: Installation Geographical Civilian Labor Force: Indicate whether you use national, state or SMSA and for what categories; e.g., National for white women, SMSA of Newport News/Hampton, VA for all others. Complete only for initial report and then when changes occur. ASIAN/PACIFIC AMERICAN INDIAN/ BLACK HISPANIC **ISLANDER** ALASKAN NATIVE WHITE TOTAL

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AWARD DISTRIBUTION		<u> </u>	TAL	WHITE		BLACK			HISPANIC		N/PACIFIC ANDER	AMERICAN INDIAN/ ALASKAN NATIVE		
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CASH AWARDS	#			<del> </del>			ļ					-		
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MENT AWARD	%													
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TOTAL		anninin i												
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